DAWN
Drug Abuse Warning Network

Remote Reporting for DAWN

ANSWERING YOUR QUESTIONS

What is remote reporting?

Remote reporting is an option for hospitals with fully electronic charting systems. With remote reporting, the emergency department (ED) charts are accessed electronically by Westat staff located at the company headquarters in Rockville, Maryland. This option eliminates the need for a hospital to commit its staff and/or space to DAWN, but still affords the hospital an annual payment and access to its own real-time data through DAWN *Live!*

What type of charting system is needed?

Required features:

- A method for outside vendors to access patient charts.

- All sections of the ED chart must be fully electronic, including the daily census log, physicians' notes and nurses' notes.

Desirable features:

- Ability to restrict DAWN's access to only the ED section of the patient's chart.

- A method to track our access as an audit trail to monitor DAWN's chart review.

Who does the reporting?

Reporting will be done by Westat employees at the company headquarters. All remote reporters work from a secure office that has been configured to protect the privacy of your data. Access to this room and your data is limited to remote reporters and supervisors with hospital-approved credentials.

How often will reporters access records?

DAWN requires that each ED chart be reviewed to identify cases. Most chart review occurs between 8:00 am and 6:00 pm EST, Monday through Friday; however depending on the monthly ED patient census, staff may be assigned to work additional hours or weekends to ensure that chart review is done within 30 days of the patient visit.

What confidentiality protections are in place?

Your data are always kept confidential. No direct patient identifiers are collected from your charts. Your charts will be accessed through a secured connection, and de-identified data that are collected will be stored on a secured server at Westat.

Data confidentiality is protected by Federal law. All DAWN personnel sign confidentiality agreements and face strict fines and jail sentences for violations of these agreements.

The de-identified hospital data are released only in aggregate for public health surveillance purposes; data for an individual hospital are never released.

What are the steps to get started?

We work closely with you and your IT staff to design the best approach to accessing your ED records. In some cases, a secured Internet connection is all we need. In other cases, we need to know which Virtual Private Network (VPN) software is required. Some of the charting systems we are experienced with include: Chartmaxx, Epic, FirstNet, Ibex, Meditech and Powerchart. We will work out the technical details with your IT staff.

For more information: If you have questions, please call Westat at **800-FYI-DAWN.** Information about DAWN is also available online at **http://DAWNinfo.samhsa.gov**.

How long will it take to set up?

This depends on what resources will be needed. We will consult with your designated IT staff to determine the correct steps to connect to your electronic charting system and to ensure that we comply with your security requirements. Once we have received the necessary user IDs and passwords, we will test the system to make sure we have access to all data items and a tracking list.

Is your hospital ready for Remote Reporting?

Not every hospital's electronic charting system is capable of allowing remote access. Before we can consider implementing remote access to your hospital's ED data for DAWN, we need to think about the following:

Accessibility of the charts. To learn whether sufficient chart information is available we need to know: Are the Clinician's Notes available in the electronic records? Are they available immediately, or are they added later? Are all charts available electronically? If the Clinician Notes are not available in the electronic record we will not be able to collect DAWN data remotely. If the Clinician Notes are delayed, we will need to incorporate a delay into our production schedule in order to review the entire record. Remote Reporting may not be the best alternative if some charts are never stored electronically. Remember that the DAWN protocol requires that all ED charts be reviewed.

Completeness of the Census listings. DAWN data collection relies on complete, daily patient census logs. To determine whether your hospital logs can be used for DAWN remote reporting, consider the following: Does your hospital filter the electronic patient lists? If so, our reporters will not be able to access all data or identify all patients who visited the ED each day.

Once we have determined that DAWN data can be collected remotely there are a few other issues that may require special attention in order to guarantee a smooth data collection operation:

Delays with log-in access. Some hospitals require multiple levels of access to their systems. For example, a password may be required at each entry point; your hospital's Virtual Private Network (VPN); hospital Network; remote access software system like Citrix or Cerner; and even the individual charting system accounts. Consequently, delays can occur, especially when accounts come from several sources (IT, Systems, Networking, etc.). For this reason it is very useful to identify a key contact within the hospital to help us navigate through the access process to ensure that we have all the necessary passwords to begin data collection.

Downtime. Because the remote reporting operation relies on your hospital's electronic system any change in that system can impact our productivity. For example, hours and sometimes days of remote reporting can be lost when a hospital updates its electronic system without notifying us. Maintaining communication with our IT staff or including us in any system alerts can eliminate these episodes of 'downtime'.

For a copy of our complete remote reporting questionnaire, please contact your Facility Liaison directly or Carolyn Almen, Facility Relations Manager, at CarolynAlmen@westat.com.